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Bib Data Sheet

CONFIRMATION NO. 9552

SERIAL NUMBER 10/765,482	FILING DATE 01/27/2004 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. S-ECI-021
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/790,242 02/21/2001 PAT 6,682,523 *

(*)Data provided by applicant is not consistent with PTO records. *OK*

** FOREIGN APPLICATIONS *****

X/one

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

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TITLE

Devices and techniques for treating glaucoma

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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